



2020 Sponsorship Commitment Form

Company Name _____

Contact Name _____

Phone _____ e-Mail _____

Address _____

Mailing Address (if different) _____

Sponsorship Levels

<input type="checkbox"/>	Title Sponsor	\$50,000
<input type="checkbox"/>	Matching Sponsor	\$25,000
<input type="checkbox"/>	Champion Sponsor	\$10,000
<input type="checkbox"/>	Hope Sponsor	\$5,000
<input type="checkbox"/>	Pink Flag Sponsor	\$2,500
<input type="checkbox"/>	Pink Heart Sponsor	\$1,000

For those interested in donating at the \$250 or more, join us as a **Pink Ribbon Friend**

Level Selected _____

Name as it should be listed _____

For additional opportunities, or if there are any questions, please contact 2020 Co-Chair Marica Pendjer at 949-293-8125 or mpendjer@mac.com

Please make checks payable to: Pink Ribbon Jax

Mail completed form and check to: Pink Ribbon Jax
P. O. Box 483
Ponte Vedra Beach, FL 32004

To donate by credit card, please visit PinkRibbonJax.org